

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	<b>APPROVA</b>

OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response

SEC USE ONLY						
	Serial.					
E RECEIV	ED					

•			
Name of Offering (☐ check if the	his is an amendment and name has changed, and in	dicate change.)	
OC Securities, Inc.			
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section 4(6) ☐ ULOE	GEIVED (C)
Type of Filing: ⊠ New Filing	☐ Amendment		· Ken
	A. BASIC IDENTIFICATION DA	ATA NUV	0 % \000 <b>&gt;&gt;</b>
1. Enter the information requeste	d about the issuer	Cho.	
Name of Issuer ( check if this OC Securities, Inc.	is an amendment and name has changed, and indic	cate change.)	151
Address of Executive Offices 217 Technology Dr., Ste. 20	(Number and Street, City, State, Zip Coc 0, Irvine, CA 92618	le) Telephone Number (Includin (949) 885-9358	g Ārea Code)
Address of Principal Business Op (if different from Executive Office	perations (Number and Street, City, State, Zip Coc es) Same as above.	le) Telephone Number (Includin Same as above.	g Area Code)
Brief Description of Business Financial Consulting Service	<b>25</b>	R	-PROCESSE
Type of Business Organization  ☐ corporation	☐ limited partnership, already formed		NOV 1 7 2006
☐ business trust	☐ limited partnership, to be formed	other (please specify):	THOMSON
Actual or Estimated Date of Inco Jurisdiction of Incorporation or C	Month Year  0 9 0 4  rporation or Organization:  Organization: (Enter two-letter U.S. Postal Service a  CN for Canada; FN for other foreign	16.	)A
GENERAL INSTRUCTIONS			

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC IDENTI	FICALIUN DALA	- <del>-</del> · · ·	
Ente	er the information re	quested for the f	ollowing:			
• ]	Each promoter of the	issuer, if the is	suer has been organized	within the past five year	rs;	
	Each beneficial ownersecurities of the issue		wer to vote or dispose, or	r direct the vote or dispo	sition of, 10%	or more of a class of equi
• ]	Each executive office	r and director of	corporate issuers and of	corporate general and ma	maging partners	s of partnership issuers; an
• J	Each general and ma	naging partner o	of partnership issuers.			
heck I	Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner
ull Na	me (Last name first,	if individual)				
cord	o, Kenneth C.					
		•	d Street, City, State, Zip	•		
	•	l, Ste. 380, La	guna Niguel, CA 926			
heck I	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
uli Na	me (Last name first,	if individual)				
Busines	s or Residence Addi	ress (Number an	d Street, City, State, Zip	Code)		
heck I	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Na	me (Last name first,	if individual)				
lusines	s or Residence Addı	ress (Number an	d Street, City, State, Zip	Code)		·
Check E	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
uli Na	me (Last name first,	if individual)				, , , , , , , , , , , , , , , , , , ,
Busines	s or Residence Addı	ess (Number an	d Street, City, State, Zip	Code)		
heck I	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Na	me (Last name first,	if individual)		· · · · · · ·		<del>, , , , , , , , , , , , , , , , , , , </del>
Busines	s or Residence Addı	ess (Number an	d Street, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·	
check E	Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Na	me (Last name first,	if individual)				
usines	s or Residence Addr	ress (Number an	d Street, City, State, Zip	Code)		
heck F	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
ull Na	me (Last name first,	if individual)				
usines	s or Residence Addr	ress (Number an	d Street, City, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·	<del></del>
	· · · · · · · · · · · · · · · · · · ·		·-	W		

				B. INF	ORMAT	ION.ABC	OUT_OFF	ERING_					· — -
⊋. ¥.		11.	.1				•		- CC! C	·		Yes	
1. Has the	e issuer so	id, or does								***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ø
		_					n 2, if filir	-					20
2. What i	is the mini	mum inve	stment tha	t will be a	ccepted fr	om any in	dividual?				•••••	\$_1_00 Yes	
3. Does t	he offering	g permit jo	int owner	ship of a s	ingle unit	?						×	
	he informa												
sion or to be li list the	similar rer isted is an a name of the ler, you ma	nuneration associated ne broker (	for solicit person or or dealer.	ation of pu agent of a If more th	irchasers in broker of an five (5)	n connection dealer reports to the connection of	on with sall gistered with o be listed	es of secur ith the SE lare assoc	rities in the Cand/or v	offering.	if a person or states,	l •	
Full Name (	Last name	first, if in	dividual)										
Business or	Residence	Address	(Number a	ınd Street,	City, Stat	e, Zip Coo	ie)					<del></del>	
Name of As	ssociated B	roker or I	Dealer								<u> </u>	· · -	
States in WI (Check "A	hich Person								***********	*******			States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
Full Name (	(Last name	first, if in	dividual)	•									
Business or	Residence	Address (	(Number a	and Street,	City, Stat	e, Zip Coo	ie)		<del></del>		····		· · · · ·
Name of As	ssociated B	roker or I	Dealer										
States in WI (Check "A	hich Person All States"												States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI] Full Name (	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	]
	· 		<del></del>	···			·						
Business or	Residence	Address (	(Number a	ınd Street,	City, Stat	e, Zip Coo	ie)						
Name of As		roker or D	Dealer			· · · · · · · · · · · · · · · · · · ·				<del>'</del>			
<b>a</b> •				· · · · · · · · · · · · · · · · · · ·				<u> </u>			4		
States in Wi (Check "A	hich Persoi All States"											<b>Г</b> АП	Ctonton-
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MI]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	_
[RI]	-	_	-		_	_			- •		- 4	-	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEE	OS	
9	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount A	lready
	Type of Security	Offering Price		
	Debt (Promissory Notes & Warrants)	\$.0	\$0	
	Equity	\$1,000,000	<u> </u>	<u> </u>
	☑ Common ☐ Preferred	3+		
	Convertible Securities (including warrants)	\$'0	_ \$.0	
	Partnership Interests		<u> </u>	
	Other (Specify)		\$0	·
	Total	\$_1,000,000	\$255,90	0
	Answer also in Appendix, Column 3, if filing under ULOE.	• • • •		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggre	
		Number Investors	Dollar A	
	Accredited Investors	13	<u>\$ 255,90</u>	10
	Non-accredited Investors	<u> </u>	\$0	
	Total (for filings under Rule 504 only)	·	_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar A	Amoun
	Type of offering	Security		old
•	Rule 505		_ &	
•	Regulation A		_ •	
	Kule 504		_ 4	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	e ge	<b>ř</b> 1
	Transfer Agent's Fees	·	<b>図 \$</b> 0	
	Printing and Engraving Costs		<b>⊗</b> \$0	
	Legal Fees		<b>⊠</b> \$.20,000	)
	Accounting Fees	***********	<b>⋈</b> \$ <u>0</u>	
	Engineering Fees		<b>⊠</b> \$0	
	Sales Commissions (specify finders' fees separately)	•	<b>⊠</b> \$0	
	Other Expenses (identify) Filing Fees		<b>■</b> \$1,500	
	Total	•		
	I VWI			

	4	E. STATE SIGNATURE	
(	ন্দ)		
1.	* * *	52 presently subject to any of the disqualificat	
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertak Form D (17 CFR 239.500) at such time	es to furnish to any state administrator of any s s as required by state law.	state in which this notice is filed, a notice on
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state administrators, upon v	written request, information furnished by the
4.	Limited Offering Exemption (ULOE) of	te issuer is familiar with the conditions that me the state in which this notice is filed and under blishing that these conditions have been satisf	stands that the issuer claiming the availability
	issuer has read this notification and knowersigned duly authorized person.	vs the contents to be true and has duly caused	this notice to be signed on its behalf by the
Issue	er (Print or Type)	Signature	Date
oc:	Securities, Inc.		October 24, 2006
Nam	e (Print or Type)	Title (Print or Type)	
Keni	neth C. Scordo	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** ٠<u>٠</u>, 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach explanation of to non-accredited offering price Type of investor and amount purchased in State (Part C-Item 2) offered in State waiver granted) investors in State (Part E-Item 1) (Part B-Item1) (Part C-Item1) Number of Number of **Equity-**Accredited Non-Accredited Yes No **Common Stock Investors** Amount **Investors Amount** Yes No State Х 1,000,000 0 \$0 Х 1 \$10,000 ΑL ΑK X 1,000,000 1 \$121,900 0 \$0 X ΑZ AR Х 1,000,000 8 \$109,000 0 \$0 CA X CO CT DE DC FL GA HI $\mathbf{X}$ 1,000,000 \$15,000 0 \$0 $\mathbf{X}$ ID IL IN IA KS ΚY LA ME MD ΜA MI MN MS MO

				APP	ENDIX					
		2	3	· · · · · · · · · · · · · · · · · · ·		4			5	
	Intend to non-a investor	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Promissory Notes and Warrants	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT								- <del>-</del> -		
NE										
NV				•	·					
NH		7			·					
NJ										
NM										
NY		,								
NC										
ND										
ОН		2								
ОК	<u> </u>	·			L			L		
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT								 		
VT										
VA										
WA	· · · · · · · · · · · · · · · · · · ·									
wv										
WI										
WY		,								
PR										